



CONTRACT DETAILS FORM

PROPERTY DETAILS					
<input type="checkbox"/> Northtown	<input type="checkbox"/> Northcrest	<input type="checkbox"/> Wood Lane Residences	TYPE OF BUYER <input type="checkbox"/> Individual <input type="checkbox"/> Corporate		
<input type="checkbox"/> Fernwood	<input type="checkbox"/> Eden Ridge	<input type="checkbox"/> Others _____			
CONTRACT DETAILS - PRINCIPAL BUYER					
CONTRACT NAME (Individual Buyer)				Occupation/Profession	
Last Name _____		First Name _____		Middle Name _____	
PRIMARY/MAILING ADDRESS			Civil Status		Age
_____			<input type="checkbox"/> Single <input type="checkbox"/> Widow/er		
_____ Zip Code _____			<input type="checkbox"/> Married <input type="checkbox"/> Separated		
SECONDARY ADDRESS			Sex		Birthdate (mm/dd/yy)
_____			<input type="checkbox"/> Male		Place of Birth
_____ Zip Code _____			<input type="checkbox"/> Female		
HOME PHONE NO.	FAX NO.	MOBILE NO.	T.I.N.		RELIGION
(please include country and area codes, if possible)		EMAIL ADDRESS		CITIZENSHIP	
<input type="checkbox"/> Roman Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Others (pls. specify) _____					
ANY GOVERNMENT ISSUED I.D. (please check one) <input type="checkbox"/> SSS/GSIS _____ <input type="checkbox"/> Driver's License _____ <input type="checkbox"/> Others _____ <input type="checkbox"/> PRC _____ <input type="checkbox"/> Passport _____					
BUSINESS / EMPLOYMENT INFORMATION					
Company / Business Name			Company / Business Address		
Office/Business Phone No.	Fax No.	Employment Status		Position	Profession
		<input type="checkbox"/> Local <input type="checkbox"/> OFW			
		<input type="checkbox"/> Self-Employed			
SPOUSE'S INFORMATION					
NAME OF SPOUSE				Occupation / Profession	
Last Name _____		First Name _____		Middle Name _____	
HOME PHONE NO.		MOBILE NO.	EMAIL ADDRESS		T.I.N.
		Citizenship			
FAX NO.		Sex	Employment Status		No. of Children
(please include country and area codes, if possible)		<input type="checkbox"/> Male	<input type="checkbox"/> Local <input type="checkbox"/> Self-employed		
		<input type="checkbox"/> Female	<input type="checkbox"/> OFW <input type="checkbox"/> Expatriate		
BUYER WITH A SPECIAL POWER OF ATTORNEY (SPA)					
SPA'S Name				Occupation/Profession	
Last Name _____		First Name _____		Middle Name _____	
RESIDENCE ADDRESS			Civil Status		Age
_____			<input type="checkbox"/> Single <input type="checkbox"/> Widow/er		
_____ Zip Code _____			<input type="checkbox"/> Married <input type="checkbox"/> Separated		
PREFERRED MAILING ADDRESS			Sex		Birthdate (mm/dd/yy)
_____			<input type="checkbox"/> Male		Place of Birth
_____ Zip Code _____			<input type="checkbox"/> Female		
HOME PHONE NO.	FAX NO.	MOBILE NO.	T.I.N.		CITIZENSHIP
(please include country and area codes, if possible)		EMAIL ADDRESS			
ANY GOVERNMENT ISSUED I.D. (please check one) <input type="checkbox"/> SSS/GSIS _____ <input type="checkbox"/> Driver's License _____ <input type="checkbox"/> Others _____ <input type="checkbox"/> PRC _____ <input type="checkbox"/> Passport _____					

CORPORATE BUYER

Name of Corporation		Nature of Business	
BUSINESS ADDRESS _____ _____ Zip Code _____		BUSINESS PHONE NO.	FAX NO.
NAME OF AUTHORIZED SIGNATORY Last Name _____ First Name _____ Middle Name _____		DESIGNATION/POSITION	
PREFERRED MAILING ADDRESS _____ _____ Zip Code _____		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate (mm/dd/yy) Place of Birth
HOME PHONE NO.	FAX NO.	MOBILE NO.	T.I.N.
(please include country and area codes, if possible)		EMAIL ADDRESS	CITIZENSHIP
ANY GOVERNMENT ISSUED I.D. (please check one)		Civil Status	
<input type="checkbox"/> SSS/GSIS _____	<input type="checkbox"/> Driver's License _____	<input type="checkbox"/> Other's _____	<input type="checkbox"/> Single <input type="checkbox"/> Widow/er
<input type="checkbox"/> PRC _____	<input type="checkbox"/> Passport _____		<input type="checkbox"/> Married <input type="checkbox"/> Separated

OTHERS

Bank References <table style="width:100%;"> <tr> <th style="width:50%;">Banks</th> <th style="width:50%;">Type of Account</th> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Banks	Type of Account	_____	_____	_____	_____	_____	_____	Reason for the Purchase (check all, if applicable) <input type="checkbox"/> Investment <input type="checkbox"/> For children <input type="checkbox"/> New Home <input type="checkbox"/> Others _____ What are the factors that you had considered in buying Alsons Properties? <input type="checkbox"/> Reliability <input type="checkbox"/> Prestige <input type="checkbox"/> Unique Concept Development <input type="checkbox"/> Trustworthiness <input type="checkbox"/> Attractive Payment Terms <input type="checkbox"/> Value-for-Money <input type="checkbox"/> Integrity <input type="checkbox"/> Service <input type="checkbox"/> Location <input type="checkbox"/> Others _____
Banks	Type of Account								
_____	_____								
_____	_____								
_____	_____								
FROM WHERE HAVE YOU HEARD OF OUR DEVELOPMENT <input type="checkbox"/> Advertisement <input type="checkbox"/> Newspaper write-up <input type="checkbox"/> Sales Exhibit <input type="checkbox"/> A friend referred it to you <input type="checkbox"/> An Agent approached you <input type="checkbox"/> Others _____									
HAVE YOU PURCHASED A LOT FROM ALSONS PROPERTIES BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state project: <input type="checkbox"/> Ladislawa Garden Village <input type="checkbox"/> Las Terrazas <input type="checkbox"/> Fernwood <input type="checkbox"/> Woodridge Park <input type="checkbox"/> Northcrest <input type="checkbox"/> Others (pls. specify) _____									

SPECIAL INSTRUCTIONS / REMARKS (Please specify):

Signature of buyer(s)

Date